ALABAMA DEPARTMENT OF PUBLIC HEALTH EVALUATION
Addiction In Women: Building Motivation for Change
ASNA NO: 5-91.173 ABN PROVIDER NUMBER: ABNPO387 DATE: May 4, 2005

Name: _____ SSN: _____

Please check one: ❑ Nurse ❑ Social Worker ❑ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

TITLE:
❑ RN ❑ LPN ❑ NP/CNM ❑ MD
❑ Administrator ❑ Aide/Outreach ❑ Clerical ❑ Counselor/Social Worker
❑ Health Educator ❑ Other _____

RACE/ETHNICITY:
❑ American Indian ❑ Asian ❑ Black/African American ❑ Hawaiian/Pacific Islander
❑ Hispanic/Latino ❑ White ❑ Other _____

POPULATION SERVED:
❑ Primarily Rural ❑ Primarily Urban ❑ Rural & Urban ❑ Suburban

AGENCY TYPE:
❑ State/Local Health Department ❑ Planned Parenthood ❑ Community Based Organization ❑ Hospital Based
❑ Managed Care ❑ Private Practice ❑ Other _____

KEY:	3=YES	2=SOMEWHAT	1=NO
The speaker was effective in presenting the material.	❑ 3	❑ 2	❑ 1
The session met the listed objectives.	❑ 3	❑ 2	❑ 1
Provided content relative to the objectives.	❑ 3	❑ 2	❑ 1
Effectively used teaching methods and learning aids.	❑ 3	❑ 2	❑ 1
Provided physical facilities conducive to learning.	❑ 3	❑ 2	❑ 1
Enabled me to meet my personal objectives.	❑ 3	❑ 2	❑ 1

Overall, I would rank this training as: ❑ EXCELLENT ❑ GOOD ❑ AVERAGE ❑ FAIR ❑ POOR

Please list any additional comments: _____

Please list any additional training you would be interested in attending: _____

I attest that I viewed at least 85% of this program: Participant's Signature: _____ Date viewed: _____

❑ **No CEU's Requested,** mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator; PO Box 303017, Suite1010; Montgomery, Alabama 36130-3017.
NOTE: IF CEU'S ARE REQUESTED: Within 3 working days, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017. Out of state participants include $20 per person (check payable to: Alabama Department of Public Health)
❑ Check included ❑ Check will follow ❑ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545